MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct info is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

05366

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City, Rural; LENGTH OF STAY (in this place) 7 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS near - Pfeiffers Corner

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City, Rural; STREET ADDRESS (If rural, give location) near - Pfeiffer's Corner

3. NAME OF DECEASED (Type or Print): (First) Edward; (Middle) D.; (Last) Fleming

4. DATE OF DEATH: (Month) May; (Day) 26; (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 28, 81

9. AGE last birthday: 71 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: State Road

11. BIRTHPLACE (State or foreign country): Pocomoke, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jas. A. Fleming

14. MOTHER'S MAIDEN NAME: Mary Ellen Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Ed. Jr. Turner, Ellicott City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Haemorrhage	10 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vas. Disease	1 yr.
445X	(c) Hypertension	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. V

19a. DATE OF OPERATION: None.

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1st, 1950, to May 26, 1952, that I last saw the deceased alive on May 26, 1952 and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank Shipley, M.D., Savage, Md. 5/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/28/52

NAME OF CEMETERY OR CREMATORY: Meadow Ridge

LOCATION (City, town, or county) (State): Dorsey, Howard Co., Md.

DATE REC'D BY LOCAL REG. 5/27/52.

REGISTRAR'S SIGNATURE: Frank Shipley

24. FUNERAL DIRECTOR: DeWilton Donaldson

ADDRESS: Laurel, Md.

RECEIVED
JUN 2 1952
BUREAU V. S.

05367

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 19

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY: Howard; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural-Ellicott City; LENGTH OF STAY (in this place): 4 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Carroll Manor Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural - Ellicott City; STREET ADDRESS (If rural give location): Carroll Manor Lane

3. NAME OF DECEASED (Type or Print): (First) Ronald (Middle) Adrian (Last) Funkhouser

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: Dec. 19, 1951

9. AGE last birthday: yrs.; If under 1 year: Months 4, Days 27; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ralph Adrian Funkhouser

14. MOTHER'S MAIDEN NAME: Juanita Mae Davidson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Father - Ralph A. Funkhouser

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) asphyxiation from aspirated milk — Interval between onset and death: 15 mins

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 921.0

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home

(CITY OR TOWN) (COUNTY) (STATE): rural-Ellicott City, Howard, Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): 5/16/52 6:30 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? infant vomited & aspirated milk

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Charles S. Whitaker, M.D. Charles S. Whitaker, M.D. Ass't Deputy Med. Examiner

ADDRESS: Clarksville, Maryland

DATE SIGNED: 5/16/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 5-18-52

NAME OF CEMETERY OR CREMATORY: Good Shepherd

LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG.: May 17, 1952

REGISTRAR'S SIGNATURE: John B. Langhan.

24. FUNERAL DIRECTOR: F.C. Higinbothom,

ADDRESS: Ellicott City, Md

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 05368

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Howard; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 123 Fells Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) 123 Fells Ave.

3. NAME OF DECEASED (Type or Print): (First) NICHOLAS (Middle) HENRY (Last) GOVER

4. DATE OF DEATH: (Month) (Day) (Year) 5-7-1952 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 7-13-1875

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labor

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Glenelg, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William F. Gover

14. MOTHER'S MAIDEN NAME: Ellen Gillis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mary Agnes Gover, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — Interval Between Onset and Death: Immediate

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) —

(c) Arteriosclerotic Cardio-Vascular Disease — 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1949, to May 7, 1952; that I last saw the deceased alive on May 6, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE: William R. Hossaway (Degree or title) M.D. ADDRESS Ellicott City DATE SIGNED 5/7/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 5-10-52

NAME OF CEMETERY OR CREMATORY: Providence

LOCATION (City, town, or county) (State): Glenelg, Md.

DATE REC'D BY LOCAL REG. 5-10-52

REGISTRAR'S SIGNATURE: John B. Longhran. Pro. B. E. L.

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md.

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MAY 16 1952
BUREAU W. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05369

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.CO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum Heights
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ellicott City	STREET ADDRESS (If rural give location) 406 Forest View Rd.

3. NAME OF DECEASED (Type or Print) (First) Milton (Middle) C. (Last) Greer, Sr.			4. DATE OF DEATH (Month) May (Day) 15 (Year) 1952		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH May 21, 1872	9. AGE last birthday 79 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Life Stock Own Business		11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John A. Greer			14. MOTHER'S MAIDEN NAME Jeanie M. Pope		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT Milton C. Greer, Jr. Ellicott City Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage.	7 hours
422.1 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) —	
	(c) Arteriosclerotic Cardio-Vascular Disease	3 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1951, to May 15, 1952, that I last saw the deceased alive on May 13, 1952, and that death occurred at 1.15 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William F. Tassaway	M.D.	Ellicott City, Md.	5/15/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 17/52	Woodlawn Cemetery	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/16/52	H. W. Hedrick	Harry H. Witzke	4101 Edmondson Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 05370

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge (rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 1 1 mile north of state Rt. 175, Waterloo, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 11
STREET ADDRESS (If rural, give location) 4010 Illinois Ave.

3. NAME OF DECEASED (Type or Print) (First) ALBERT (Middle) MCLEAN (Last)

4. DATE OF DEATH (Month) 5-4-1952 (Day) (Year) 19

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10-30-1909
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator
10b. KIND OF BUSINESS OR INDUSTRY Stone Paper Tube Co.
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Amoss Mclean
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 242-16-9289
17. INFORMANT AND ADDRESS Betty Mae Mclean, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Compound Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: Instant

812.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 1 (CITY OR TOWN) Elkridge (rural) (COUNTY) Howard (STATE) Maryland
TIME OF INJURY (Month) 5-4-1952 (Day) (Year) 4.40P (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Pedestrian crossing Route 1 struck by car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Dunstorf M.D. (Degree or title) Deputy Medical Examiner for Howard County
ADDRESS Ellicott City, Md.
DATE SIGNED 5-4-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 5-4-52
NAME OF CEMETERY OR CREMATORY Frazier Funeral Home
LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. 5-4-52
REGISTRAR'S SIGNATURE John B. Lingham
24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md.
ADDRESS

Pre. B.C.L. (Miss E. Bird Williams Local Registrar 5-8-52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 9 1952
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print) (First) Marie (Middle) (Last) Ridgely
4. DATE OF DEATH (Month) (Day) (Year) 5-28-52 19
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4-17-1927
9. AGE last birthday 25 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Paper Box Factory
11. BIRTHPLACE (State or foreign country) Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Cordie Ketterman
14. MOTHER'S MAIDEN NAME Alice Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 218-22-9550
17. INFORMANT AND ADDRESS John Ridgely, Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Strangulation by outside violence	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Ellicott City (COUNTY) Howard (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-28-52 1.30P M m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Strangled by object twisted about neck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE George E. Burgess (Degree or title) MD. Deputy Medical Examiner for Howard County
ADDRESS Ellicott City, Md.
DATE SIGNED 5-28-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-31-52
NAME OF CEMETERY OR CREMATORY Good Shepherd
LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REG. May 29, 1952
REGISTRAR'S SIGNATURE John B. Loughran Pre
24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md.
ADDRESS

B.E.L.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.	STREET ADDRESS (If rural, give location) Rogers Ave.

3. NAME OF DECEASED (Type or Print) (First) Gene (Middle) Raymond (Last) Sherman				4. DATE OF DEATH (Month) 5-28-52 (Day) (Year) 19			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 4-30-1930	9. AGE last birthday 22 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Paper Mill	11. BIRTHPLACE (State or foreign country) Moorefield, W. Va			12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Ida Beryl Sherman				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 2		16. SOCIAL SECURITY No. 232-48-1639	17. INFORMANT AND ADDRESS James Sherman, Moorefield, W. Va.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Entering right temple and emerging - Gunshot wound. left temple.	15 minutes
976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Apartment	(CITY OR TOWN) Ellicott City	(COUNTY) Howard	(STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-28-52 4.50 PM m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Self inflicted gun shot wound. Automatic Pistol		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George E. Bengtorf M.D. Deputy Medical Examiner for Howard County		Ellicott City, Md.	5-28-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6-1-52	NAME OF CEMETERY OR CREMATORY Olivet Cemetery	LOCATION (City, town, or county) (State) Moorefield, W. Va.
DATE REC'D BY LOCAL REG. 5-31-1952	REGISTRAR'S SIGNATURE John B. Longman. Per. B.E.L.	24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 4 1952
BUREAU OF I.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05373

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hunt Club Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY U.S.A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
STREET ADDRESS (If rural, give location) 6800 Washington Blvd

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) — (Last) SILHAN
4. DATE OF DEATH: (Month) 5 (Day) 27 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: May 16, 1870
9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Molder
10b. KIND OF BUSINESS OR INDUSTRY: W&A manufac
11. BIRTHPLACE (State or foreign country): Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? Czechoslovakia

13. FATHER'S NAME: Karl Silhan
14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: mrs Lydia Olfby - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Respiratory failure, heart failure — Interval Between Onset and Death: 10 days

420.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic heart disease, auricular fibrillation — 1 yr

(904.0) (c) Pneumonia, hypostatic — 10 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Trauma from falling home

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 18 may, 1952, to 27 may, 1952, that I last saw the deceased alive on 27 may, 1952, and that death occurred at 3:55 A m., from the causes and on the date stated above.

SIGNATURE: George E. Grolean (Degree or title) ADDRESS: Elkridge md DATE SIGNED: 27 may 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 5/29/52
NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
LOCATION (City, town, or county) (State): Horner's Lane, Baltimore, Md.

DATE REC'D BY LOCAL REG.: 5/29/52
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.